

Washington County Assessor's Office

Exemption year applied for 2024

PARCEL #1 _____

Occupancy date _____

PARCEL #2 _____

APPLICATION FOR OWNER-OCCUPIED HOMEOWNERS EXEMPTION (§63-602G, IC)

This residential improvement is owner occupied:
(Check one)

Single Family Dwelling []
 Multi-Family Dwelling []
 Apartment / Condominium []
 Manufactured House []
 Commercial Improvement with Living quarters []

Purchase Date _____

Is your property held in a Trust? _____
 If Yes, Affidavit of Trust, or Trust papers needed

Is there a co-signer on your loan? _____
 If Yes, Affidavit of Possessory & Security Interests needed

Are your vehicles registered in Idaho? _____

Are you registered to vote in Idaho? _____

Do you have an Idaho Driver's license? _____

Do you file an Idaho income tax return
 as a full time resident? _____

Do you receive rental income for any or all of this property?
 _____ If so, what percentage is used for rental
 purposes? _____

Are you active military? _____

NAME: _____

LEGAL DESCRIPTIONS:

Date: _____

Under penalty of perjury, I certify that to the best of my knowledge and belief, the information that I have provided here-in is true, correct and complete.

 Owner's Signature

 Second Owner's Signature

Street address of Occupied Residence:

Mailing address:

I am the owner, or am purchasing, and occupy as my primary dwelling place, the manufactured home or the Residential Improvements in this County, herein described.
YES [] NO []

I certify to Washington County Assessor that I have not made application for Homeowner's Exemption on any other property in the State of Idaho.
YES [] NO []
 Previous Home Owner's Exemption:
YES [] NO []
 Previous Home Owner's Exemption Address:

By signing this application I certify to the Washington County Assessor that I wish to withdraw any Homeowner's Exemption on any other home and transfer it to the above property per §63-602G, I.C., to qualify for this exemption. I certify that I am the owner of and occupied this dwelling as my primary residence.

FOR OFFICE USE ONLY

Amount of Exemption: _____
Signature of Assessor or Deputy _____

Posted: _____
Date: _____

Homeowner given copy of completed form: [] Yes [] No